

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/585872**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		2		
5		1		3		
6		1		(1)		
7		1		(1)		
8		1		(1)		
9		1		(1)		
10		1		(1)		
11		1		(1)		
12		1		(1)		
13		1		(1)		
14		1		(1)		
15	1			(1)		
16	1					
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TOTAL IND.	5		1			
TOTAL DEP.	15		15			
TOTAL CLAIMS	20		16			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						